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State/Territory Name: MN

State Plan Amendment (SPA) #: 14-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

March 24, 2015

Marie Zimmerman
State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #14-0008 - Early Intensive Developmental and Behavioral Intervention
Services
--Effective Date: July 1, 2015

If you have any additional questions, please have a member of your staff contact Courtenay Savage
at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Ann Berg, MDHS
Sean Barrett, MDHS

Enclosure

STATE: MINNESOTA
Effective: July 1, 2015
TN: 14-08
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4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

10. **Early Intensive Developmental and Behavioral Intervention (EIDBI).**

EIDBI services are medically necessary intensive treatment provided to promote the child's optimal independence and participation in family, school and community life; EIDBI services educate and support families, reduce stress, and improve long-term outcomes and quality of life for children and their families.

EIDBI provides a range of individualized, medically necessary intensive developmental and behavioral interventions to address or treat, in a comprehensive manner, the functional skills and core deficits of autism spectrum disorder (ASD) and other related conditions that cause persistent, clinically significant impairment in social communication and behavioral interaction and other areas of functional development for which this service is medically appropriate. Skill development focuses on the following domains: social/interpersonal interactions, verbal and non-verbal communication, cognition, learning and play, adaptive, self-help skills, and behavioral self-regulation.

Services must be provided directly to the child, or on behalf of the child, by training the parents/caregivers.

A **comprehensive multi-disciplinary evaluation (CMDE)** must be completed to determine medical necessity of EIDBI services. The CMDE must include:

- Assessment of the child's degree of severity of core features of ASD and related conditions, as well as other areas of functional development including, cognition, learning and play, social/personal interaction, verbal and non-verbal communication, adaptive, self-help, behavioral self-regulation, and motor development;
- Review and incorporation of the diagnosis and other related assessment information from other qualified professionals, including information gathered from family members, child care providers, as well as any medical or assessment information from other licensed professionals working with the child such as the child's rehabilitation therapists, licensed school personnel, or other mental health professionals;

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- Identification of current services the child is receiving and integration into the CMDE recommendations;
- Identification of and referral to other needed services;
- Identification of parent/caregiver preferences and family culture, language, goals and values
- Assessment of the type and level of parent/caregiver training and involvement preferred;
- Recommendation of EIDBI treatment including intensity, frequency and duration, and treatment modality options;
- Coordination of summary care conferences including: the initial CMDE medical necessity summary conference and re-evaluation conference;
- Determination of how frequently to monitor the child's progress if monitoring is required more frequently than every 6 months; and
- Must include medical information from a licensed physician or advanced practice nurse.

Qualified CMDE Provider: A licensed mental health professional, as described in item 6.d.A of Attachments 3.1-A and 3.1-B, or a psychiatrist is qualified to provide the CMDE. Providers must:

- A. Have at least 2,000 hours of clinical experience in the evaluation and treatment of children with ASD, or equivalent documented course-work at the graduate level by an accredited university in the following content areas: ASD diagnosis, ASD treatment strategies, child development;
- B. Be able to diagnose and/or provide treatment
- C. Work within their scope of practice and professional license; and
- D. Not be the same professional who delivers or supervises the child's direct treatment. In geographic areas with a provider shortage, as determined by the Department, the same professional may perform the CMDE and deliver or supervise the child's direct treatment.

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Provider Qualifications and Training.

Qualified Supervising Professional: All EIDBI services must be billed by, and either provided by or under the clinical supervision of a qualified supervising professional who assumes full professional responsibility for the services provided by Level I, II and III ABA or DBI Developmental/Behavioral providers. A qualified supervising professional is a mental health professional, as described in item 6.d.A.

Qualified supervising professionals must work within their licensed scope of practice, and have at least 2,000 hours of experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development.

The following non-licensed practitioners are qualified to provide EIDBI treatment when services are provided for the direct benefit of the child, supervised directly and within the scope of practice of the qualified supervising professional who assumes full professional responsibility for these activities, and they are billed by a qualified supervising professional as described below:

A. ABA and DBI Developmental/Behavioral Professional (Level I provider):

All Level I ABA and DBI providers must have at least 2,000 hours of clinical experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development.

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Additionally, all Level I ABA treatment providers must have a:

- Master's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university, and
- Board Certified Behavior Analyst (BCBA) or Board Certified Behavior Analyst - Doctoral (BCBA-D) certification from the National Behavior Analyst Certification Board.

Additionally, all Level I DBI treatment providers must have a:

- Master's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university, or
- Bachelor's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university and certification in one of the DHS recognized treatment modalities.

B. ABA and DBI Developmental/Behavioral Practitioner (Level II provider):

All Level II ABA and DBI providers must:

- Have at least 2,000 hours of clinical experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development, or
- Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, and meet the Department's ASD specific training requirements. The practitioner must also receive observation and direction from a qualified supervising professional or qualified Level I ABA or DBI Developmental/Behavioral Professional at least once a week until the requirement of 2,000 hours of supervised experience is met.

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Additionally, all Level II ABA treatment providers must have a:

- Bachelor's degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university; and
- Board Certified Assistant Behavior Analyst (BCaBA) certification from the National Behavior Analyst Certification Board;

Additionally, all Level II DBI treatment providers must have a:

- Bachelor's degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university; or
- Associate degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university and at least 4,000 hours of supervised clinical experience in the delivery of treatment to children with ASD. Hours worked as a Behavioral Aide or Developmental/Behavioral Support Specialist may be included in the required hours of experience; or
- At least 6,000 hours of supervised clinical experience in the delivery of treatment to children with ASD. Hours worked as a Behavioral Aide or Developmental/Behavioral Support Specialist may be included in the required hours of experience; or
- Is a graduate student in one of the behavioral sciences, child development sciences, or allied fields and is formally assigned by an accredited college or university to an agency or facility for clinical training with children with ASD.

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(continued)

C. **ABA and DBI Developmental/Behavioral Support Specialist (Level III provider) :**

All Level III ABA and DBI providers must have the following experience and or training:

- a. Be at least 18 years old;
- b. Meet the Department's ASD specific training requirements; and
- c. Have a high school diploma or general equivalency diploma (GED) or:
 - i. Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong; or
 - ii. Have two years of experience as a primary caregiver to a child with autism spectrum disorder within the previous five years; or
 - iii. Be a Registered Behavior Technician (RBT) as defined by the Behavior Analyst Certification Board

4.b. Early and periodic screening, diagnosis, and Treatment services.
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Components of EIDBI services:

1. **Applied Behavior Analysis (ABA)** Interventions are individualized treatments based in behavioral sciences that focus on increasing positive behaviors and decreasing negative or interfering behaviors to improve a variety of well-defined skills. ABA is a highly structured program that includes incidental teaching, intentional environmental modifications, and reinforcement techniques to produce socially significant improvement in human behavior. ABA strategies include reinforcement, shaping, chaining of behaviors and other behavioral strategies to build specific targeted functional skills that are important for everyday life.

Qualified ABA providers: Qualified Supervising Professional who is certified as a BCBA or BCBA-D, ABA Developmental/Behavioral Professional (Level I Provider), ABA Developmental/Behavioral Practitioner (Level II Provider), and ABA Developmental/Behavioral Support Specialist (Level III Provider).

2. **Developmental and Behavioral Interventions (DBI)** are a range of individualized treatments based in developmental theory as well as behavioral sciences which are socially directed, highly engaging, and capitalize on natural motivators to strengthen primary relationships and support child development. DBI interventions focus on joint attention, social engagement and reciprocity, social and non-verbal communication, behavioral and self-regulation, cognition and play to promote development and address core functional deficits. DBI are provided as part of Department recognized single or multi-modality treatment programs.

Qualified providers: Qualified Supervising Professional, ABA or DBI Developmental/Behavioral Professional (Level I Provider), ABA or DBI Developmental/Behavioral Practitioner (Level II Provider), and ABA or DBI Developmental/Behavioral Support Specialist (Level III Provider).

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3. **Observation and Direction** is the clinical direction and oversight by a qualified EIDBI provider to a lower level provider based on the required provider standards and qualifications regarding provision of EIDBI services to a child. The qualified provider delivers face-to-face observation and direction to a lower level provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child. This service is for the direct benefit of the child and provides a real time response to the EIDBI intervention to maximize the benefit for the child. It also informs any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the Individual Treatment Plan.

Qualified providers: Qualified Supervising Professional, ABA and DBI Developmental/Behavioral Professional (Level I Provider), and ABA and DBI Developmental/Behavioral Practitioner (Level II Provider).

4. **Family/Caregiver Training and Counseling** is specialized training and education provided to a family/caregiver to assist with the child's needs and development. The provider will observe, instruct and train the family/caregivers on the child's development status, and techniques and strategies to promote the child's development.

Qualified providers: Qualified Supervising Professional, ABA and DBI Developmental/Behavioral Professional (Level I Provider), and ABA and DBI Developmental/Behavioral Practitioner (Level II Provider).

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5. **Coordinated Care Conference** brings together the team of professionals that work with the child and family to develop and coordinate the implementation of the individual treatment plan (ITP) to assure that services are coordinated and integrated across providers and service delivery systems. Participants in the conference will:

- Coordinate and integrate information from the CMDE process
- Describe intensive treatment options and expectations across service settings;
- Document intensive treatment scope, modality, intensity, frequency and duration based on the CMDE recommendations and family choice;
- Review the child's progress toward goals with the child's family;
- Coordinate services provided to the child and family;
- Identify the level and type of parent involvement in the child's intensive treatment;
- Integrate care and services across service providers to ensure access to appropriate and necessary care including medically necessary speech therapy, occupational therapy, mental health, human services or special education; and

Qualified providers: Qualified CMDE Provider, Qualified Supervising Professional, ABA or DBI Developmental/Behavioral Professional (Level I Provider), ABA or DBI Developmental/Behavioral Practitioner (Level II Provider).

6. **Individual Treatment Plan (ITP)** Development and monitoring by the qualified supervising professional or Level I ABA or DBI Professional who coordinates and integrates information from the CMDE process to develop the ITP. The ITP specifies the:

- child's functional goals which are developmentally appropriate, and work toward generalization across people and environments;
- treatment modality or modalities;
- treatment intensity, frequency and duration;
- setting;
- discharge criteria;
- treatment outcomes and the methods to be implemented to support the accomplishment of outcomes, including the amount of time needed for each Level of provider to deliver child treatment and parent training; and
- Reflect the values, goals, preferences, culture and language of the child's family.

Qualified providers: Qualified Supervising Professional, ABA and DBI Developmental/Behavioral Professional (Level I Provider), ABA and DBI Developmental/Behavioral Practitioner (Level II Provider).

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The child and family's primary spoken language, culture and values must be considered throughout EIDBI services, including the diagnosis, CMDE, individual treatment plan development, progress monitoring, parent education and support services and coordination of care. A language interpreter must be provided when needed.

Telemedicine services. The following EIDBI services that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient: comprehensive multi-disciplinary evaluation (CMDE), observation and direction, coordinated care conference and family/caregiver training and counseling.

EIDBI is not intended to replace services provided in school or other settings. Each child's CMDE summary and recommendations must document that EIDBI services coordinate with, but do not include or replace special education and related services defined in the child's individualized educational plan (IEP), or individualized family service plan (IFSP), when the service is available under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) through a local education agency. This provision does not preclude EIDBI treatment during school hours.

EIDBI is provided in the most integrated and inclusive setting possible that supports, promotes, and allows:

- inclusion and participation in the child's home and community life to the fullest extent possible as desired by and determined medically appropriate to the age, condition, and needs of the child by their legal representative in collaboration with a QSP and through the CMDE process;
- opportunities for self-sufficiency, developing and maintaining social relationships and natural supports, and generalization of targeted skills across people and environments; and
- a balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible.

EIDBI does not include services provided by a parent, legal guardian or legally responsible person.

Approved: 3/24/15

Supersedes: 13-17 (13-07,11-04,09-04,08-16,07-08,06-02,03-35,01-21)

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.
- **Sterilization procedures:** Physicians must comply with all requirements of 42 CFR Part 441, Subpart F concerning informed consent for voluntary sterilization procedures.
- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.
- **Telemedicine consultation services:** These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week. Consultations made between psychiatrists and primary care physicians and other providers authorized to bill for physician services via two-way, interactive video or store-and-forward technology are covered under physician services as psychiatric consultations.
- **Psychiatric consultations:** Consultations with psychiatrists, psychologists, and advanced practice registered nurses certified in psychiatric mental health by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.
- **Optometry services:** Physician services include services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist.
- **Early Intensive Developmental and Behavioral Intervention (EIDBI) services:** A physician with at least 2,000 hours of experience and/or training in the examination and/or treatment of children with autism spectrum disorder (ASD) or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development may act as the qualified supervising professional and provide EIDBI services as described in item 4.b.

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10. **Early Intensive Developmental and Behavioral Intervention (EIDBI).**

EIDBI services are medically necessary, intensive treatment provided to promote the child's optimal independence and participation in family, school and community life; EIDBI services educate and support families, reduce stress, and improve long-term outcomes and quality of life for children and their families.

EIDBI provides a range of individualized, medically necessary intensive developmental and behavioral interventions to address or treat, in a comprehensive manner, the functional skills and core deficits of autism spectrum disorder (ASD) and other related conditions that cause persistent, clinically significant impairment in social communication and behavioral interaction and other areas of functional development for which this service is medically appropriate. Skill development focuses on the following domains: social/interpersonal interactions, verbal and non-verbal communication, cognition, learning and play, adaptive, self-help skills, and behavioral self-regulation.

Services must be provided directly to the child, or on behalf of the child, by training the parents/caregivers.

A **comprehensive multi-disciplinary evaluation (CMDE)** must be completed to determine medical necessity of EIDBI services. The CMDE must include:

- Assessment of the child's degree of severity of core features of ASD and related conditions, as well as other areas of functional development including, cognition, learning and play, social/personal interaction, verbal and non-verbal communication, adaptive, self-help, behavioral self-regulation, and motor development;
- Review and incorporation of the diagnosis and other related assessment information from other qualified professionals, including information gathered from family members, child care providers, as well as any medical or assessment information from other licensed professionals working with the child such as the child's rehabilitation therapists, licensed school personnel, or other mental health professionals;

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- Identification of current services the child is receiving and integration into the CMDE recommendations;
- Identification of and referral to other needed services;
- Identification of parent/caregiver preferences and family culture, language, goals and values
- Assessment of the type and level of parent/caregiver training and involvement preferred;
- Recommendation of EIDBI treatment including intensity, frequency and duration, and treatment modality options;
- Coordination of summary care conferences including: the initial CMDE medical necessity summary conference and re-evaluation conference;
- Determination of how frequently to monitor the child's progress if monitoring is required more frequently than every 6 months; and
- Must include medical information from a licensed physician or advanced practice nurse.

Qualified CMDE Provider: A licensed mental health professional, as described in item 6.d.A of Attachments 3.1-A and 3.1-B, or a psychiatrist is qualified to provide the CMDE. Providers must:

- A. Have at least 2,000 hours of clinical experience in the evaluation and treatment of children with ASD, or equivalent documented course-work at the graduate level by an accredited university in the following content areas: ASD diagnosis, ASD treatment strategies, child development;
- B. Be able to diagnose and/or provide treatment
- C. Work within their scope of practice and professional license; and
- D. Not be the same professional who delivers or supervises the child's direct treatment. In geographic areas with a provider shortage, as determined by the Department, the same professional may perform the CMDE and deliver or supervise the child's direct treatment.

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4.b. Early and periodic screening, diagnosis, and Treatment services.
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Provider Qualifications and Training.

Qualified Supervising Professional: All EIDBI services must be billed by, and either provided by or under the clinical supervision of a qualified supervising professional who assumes full professional responsibility for the services provided by Level I, II and III ABA or DBI Developmental/Behavioral providers. A qualified supervising professional is a mental health professional, as described in item 6.d.A.

Qualified supervising professionals must work within their licensed scope of practice, and have at least 2,000 hours of experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development.

The following non-licensed practitioners are qualified to provide EIDBI treatment when services are provided for the direct benefit of the child, supervised directly and within the scope of practice of the qualified supervising professional who assumes full professional responsibility for these activities, and they are billed by a qualified supervising professional as described below:

A. ABA and DBI Developmental/Behavioral Professional (Level I provider):

All Level I ABA and DBI providers must have at least 2,000 hours of clinical experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development.

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(continued)

Additionally, all Level I ABA treatment providers must have a:

- Master's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university, and
- Board Certified Behavior Analyst (BCBA) or Board Certified Behavior Analyst - Doctoral (BCBA-D) certification from the National Behavior Analyst Certification Board.

Additionally, all Level I DBI treatment providers must have a:

- Master's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university, or
- Bachelor's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university and certification in one of the DHS recognized treatment modalities.

B. ABA and DBI Developmental/Behavioral Practitioner (Level II provider):

All Level II ABA and DBI providers must:

- Have at least 2,000 hours of clinical experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development, or
- Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, and meet the Department's ASD specific training requirements. The practitioner must also receive observation and direction from a qualified supervising professional or qualified Level I ABA or DBI Developmental/Behavioral Professional at least once a week until the requirement of 2,000 hours of supervised experience is met.

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Additionally, all Level II ABA treatment providers must have a:

- Bachelor's degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university; and
- Board Certified Assistant Behavior Analyst (BCaBA) certification from the National Behavior Analyst Certification Board;

Additionally, all Level II DBI treatment providers must have a:

- Bachelor's degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university; or
- Associate degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university and at least 4,000 hours of supervised clinical experience in the delivery of treatment to children with ASD. Hours worked as a Behavioral Aide or Developmental/Behavioral Support Specialist may be included in the required hours of experience; or
- At least 6,000 hours of supervised clinical experience in the delivery of treatment to children with ASD. Hours worked as a Behavioral Aide or Developmental/Behavioral Support Specialist may be included in the required hours of experience; or
- Is a graduate student in one of the behavioral sciences, child development sciences, or allied fields and is formally assigned by an accredited college or university to an agency or facility for clinical training with children with ASD.

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(continued)

C. **ABA and DBI Developmental/Behavioral Support Specialist (Level III provider) :**

All Level III ABA and DBI providers must have the following experience and or training:

- a. Be at least 18 years old;
- b. Meet the Department's ASD specific training requirements; and
- c. Have a high school diploma or general equivalency diploma (GED) or:
 - i. Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong; or
 - ii. Have two years of experience as a primary caregiver to a child with autism spectrum disorder within the previous five years; or
 - iii. Be a Registered Behavior Technician (RBT) as defined by the Behavior Analyst Certification Board

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4.b. Early and periodic screening, diagnosis, and Treatment services.
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Components of EIDBI services:

1. **Applied Behavior Analysis (ABA)** Interventions are individualized treatments based in behavioral sciences that focus on increasing positive behaviors and decreasing negative or interfering behaviors to improve a variety of well-defined skills. ABA is a highly structured program that includes incidental teaching, intentional environmental modifications, and reinforcement techniques to produce socially significant improvement in human behavior. ABA strategies include reinforcement, shaping, chaining of behaviors and other behavioral strategies to build specific targeted functional skills that are important for everyday life.

Qualified ABA providers: Qualified Supervising Professional who is certified as a BCBA or BCBA-D, ABA Developmental/Behavioral Professional (Level I Provider), ABA Developmental/Behavioral Practitioner (Level II Provider), and ABA Developmental/Behavioral Support Specialist (Level III Provider).

2. **Developmental and Behavioral Interventions (DBI)** are a range of individualized treatments based in developmental theory as well as behavioral sciences which are socially directed, highly engaging, and capitalize on natural motivators to strengthen primary relationships and support child development. DBI interventions focus on joint attention, social engagement and reciprocity, social and non-verbal communication, behavioral and self-regulation, cognition and play to promote development and address core functional deficits. DBI are provided as part of Department recognized single or multi-modality treatment programs.

Qualified providers: Qualified Supervising Professional, ABA or DBI Developmental/Behavioral Professional (Level I Provider), ABA or DBI Developmental/Behavioral Practitioner (Level II Provider), and ABA or DBI Developmental/Behavioral Support Specialist (Level III Provider).

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(continued)

3. **Observation and Direction** is the clinical direction and oversight by a qualified EIDBI provider to a lower level provider based on the required provider standards and qualifications regarding provision of EIDBI services to a child. The qualified provider delivers face-to-face observation and direction to a lower level provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child. This service is for the direct benefit of the child and provides a real time response to the EIDBI intervention to maximize the benefit for the child. It also informs any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the Individual Treatment Plan.

Qualified providers: Qualified Supervising Professional, ABA and DBI Developmental/Behavioral Professional (Level I Provider), and ABA and DBI Developmental/Behavioral Practitioner (Level II Provider).

4. **Family/Caregiver Training and Counseling** is specialized training and education provided to a family/caregiver to assist with the child's needs and development. The provider will observe, instruct and train the family/caregivers on the child's development status, and techniques and strategies to promote the child's development.

Qualified providers: Qualified Supervising Professional, ABA and DBI Developmental/Behavioral Professional (Level I Provider), and ABA and DBI Developmental/Behavioral Practitioner (Level II Provider).

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4.b. Early and periodic screening, diagnosis, and Treatment services.
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5. **Coordinated Care Conference** brings together the team of professionals that work with the child and family to develop and coordinate the implementation of the individual treatment plan (ITP) to assure that services are coordinated and integrated across providers and service delivery systems. Participants in the conference will:

- Coordinate and integrate information from the CMDE process
- Describe intensive treatment options and expectations across service settings;
- Document intensive treatment scope, modality, intensity, frequency and duration based on the CMDE recommendations and family choice;
- Review the child's progress toward goals with the child's family;
- Coordinate services provided to the child and family;
- Identify the level and type of parent involvement in the child's intensive treatment;
- Integrate care and services across service providers to ensure access to appropriate and necessary care including medically necessary speech therapy, occupational therapy, mental health, human services or special education; and

Qualified providers: Qualified CMDE Provider, Qualified Supervising Professional, ABA or DBI Developmental/Behavioral Professional (Level I Provider), ABA or DBI Developmental/Behavioral Practitioner (Level II Provider).

6. **Individual Treatment Plan (ITP)** Development and monitoring by the qualified supervising professional or Level I ABA or DBI Professional who coordinates and integrates information from the CMDE process to develop the ITP. The ITP specifies the:

- child's functional goals which are developmentally appropriate, and work toward generalization across people and environments;
- treatment modality or modalities;
- treatment intensity, frequency and duration;
- setting;
- discharge criteria;
- treatment outcomes and the methods to be implemented to support the accomplishment of outcomes, including the amount of time needed for each Level of provider to deliver child treatment and parent training; and
- Reflect the values, goals, preferences, culture and language of the child's family.

Qualified providers: Qualified Supervising Professional, ABA and DBI Developmental/Behavioral Professional (Level I Provider), ABA and DBI Developmental/Behavioral Practitioner (Level II Provider).

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4.b. Early and periodic screening, diagnosis, and Treatment services.
(continued)

The child and family's primary spoken language, culture and values must be considered throughout EIDBI services, including the diagnosis, CMDE, individual treatment plan development, progress monitoring, parent education and support services and coordination of care. A language interpreter must be provided when needed.

Telemedicine services. The following EIDBI services that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient: comprehensive multi-disciplinary evaluation (CMDE), observation and direction, coordinated care conference and family/caregiver training and counseling.

EIDBI is not intended to replace services provided in school or other settings. Each child's CMDE summary and recommendations must document that EIDBI services coordinate with, but do not include or replace special education and related services defined in the child's individualized educational plan (IEP), or individualized family service plan (IFSP), when the service is available under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) through a local education agency. This provision does not preclude EIDBI treatment during school hours.

EIDBI is provided in the most integrated and inclusive setting possible that supports, promotes, and allows:

- inclusion and participation in the child's home and community life to the fullest extent possible as desired by and determined medically appropriate to the age, condition, and needs of the child by their legal representative in collaboration with a QSP and through the CMDE process;
- opportunities for self-sufficiency, developing and maintaining social relationships and natural supports, and generalization of targeted skills across people and environments; and
- a balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible.

EIDBI does not include services provided by a parent, legal guardian or legally responsible person.

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Supersedes: 13-17 (13-07,11-04,09-04,08-16,07-08,06-02,03-35,01-21)

5.a. Physicians' services:

- **Psychiatric services** may require prior authorization as specified in the Minnesota Health Care Program Provider Manual and on the agency's website. Coverage includes: diagnostic assessment, psychological testing, neuropsychological services, individual psychotherapy, family psychotherapy, multiple family group psychotherapy, group psychotherapy, medication management, electroconvulsive therapy single seizure, explanation of findings, unlisted psychiatric service or procedure, and biofeedback training.
- **Sterilization procedures:** Physicians must comply with all requirements of 42 CFR Part 441, Subpart F concerning informed consent for voluntary sterilization procedures.
- **Abortion services:** These services are covered when due to a physical condition, the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.
- **Telemedicine consultation services:** These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week. Consultations made between psychiatrists and primary care physicians and other providers authorized to bill for physician services via two-way, interactive video or store-and-forward technology are covered under physician services as psychiatric consultations.
- **Psychiatric consultations:** Consultations with psychiatrists, psychologists, and advanced practice registered nurses certified in psychiatric mental health by primary care physicians and other providers authorized to bill for physician services are covered services. If the recipient consents, consultation may occur without the recipient present. Payment for the consultation is made pursuant to Attachment 4.19-B, item 5.a.
- **Optometry services:** Physician services include services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist.
- **Early Intensive Developmental and Behavioral Intervention (EIDBI) services:** A physician with at least 2,000 hours of experience and/or training in the examination and/or treatment of children with autism spectrum disorder (ASD) or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development may act as the qualified supervising professional and provide EIDBI services as described in item 4.b.

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4.b.Early and periodic screening, diagnosis, and treatment services.

Effective for services provided on or after July 1, 2015, payment for Early Intensive Developmental and Behavioral Intervention (EIDBI) services is the lower of:

1. Submitted charge, or
2. The resource based relative value scale (RBRVS) calculated rate;
or

If an RBRVS rate is not available, the following state agency established rates:

- Comprehensive multi-disciplinary evaluation conducted by a doctoral prepared professional, per evaluation: \$285.38 (if the service is provided by a masters level trained provider: \$228.30)

For the following services, the agency established rate is based on the service being provided by a qualified supervising professional (QSP) or ABA or DBI developmental/behavioral professional; the agency established rate is reduced 20% when provided by an ABA or DBI development/behavioral practitioner; the agency established rate is reduced by 50% when provided by a development/behavioral support specialist.

- Individual Treatment Plan (ITP) development, per 15 minute unit: \$20.61
- Coordinated care conference, per provider per session: \$97.98
- Applied behavioral analysis (ABA) intervention, per 30 minute unit: \$35.08
- Group ABA, per 30 minute unit: \$11.68
- Developmental/behavioral intervention (DBI), per 30 minute unit: \$35.08
- Group DBI, per 30 minute unit: \$11.68
- Observation and Direction of ABA or DBI intervention, per 30 minute unit: \$35.08
- Family/caregiver training and counseling, per 15 minute unit: \$17.54
- Group family/caregiver training and counseling, per 15 minute unit: \$5.84

Necessary travel time to provide EIDBI services is paid using the same methodology that applies to provider travel time in item 6.d.A.